

Arizona Department of Revenue
Claim for Unclaimed Property

For assistance in the Phoenix area: (602) 364-0380 or
Outside the Phoenix area toll free: (877) 492-9957

Mail To: Arizona Department of Revenue • Unclaimed Property Unit • PO Box 29026 • Phoenix AZ 85038-9026

1. Owner(s) Name (last, first, initial)

[illegible]

2. Social Security or Tax Identification Number

3. Your current mailing address

[illegible]

Number and Street, Rural Route, and Apartment / Suite Number

[illegible]

City, State, and Zip Code

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4. Property ID Number



Check each box below that applies to you. Each question provides a list of evidence you are required to submit with your claim. Upon review of your claim form additional documentation may be requested. Your claim may take up to 90 days to process excluding the time it takes you to provide any additional information requested to prove the validity of your claim.

IMPORTANT: In order to process your claim we must have proof that you or the original owner lived, did business, or received mail at the address reported to the State of Arizona with your account.



5. I am the original owner of this account

Please provide a clear copy of photo identification issued to you by a state or federal entity, such as a drivers license or passport. Also provide verification of your social security number such as, a copy of your social security card, correspondence from the social security administration or tax document.

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6. I am the trustee or the personal representative, executor, administrator or conservator for the estate of the owner.

Please provide a clear copy of photo identification issued to you by a state or federal entity, such as a drivers license or passport. Also provide verification of the owner's social security number. Please provide a copy of the original owner's will and trust and provide a copy of your letter of office, which must be certified within the last 60 days.

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7. I am the heir or surviving spouse of the original owner of this account AND the original owner did not have a will or a trust.

Please provide a clear copy of photo identification issued to you by a state or federal entity, such as a drivers license or passport. Also provide a copy of the owner(s) death certificate. In addition proof of your relation to the original owner(s), such as a birth certificate or marriage license, will be needed. Please provide a notarized statement affirming that the original owner did not have a will or trust and then list all the heirs that survived the original owner(s). This statement must include any grandparents, parents, siblings, spouse, children and descendants of those children.

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8. I am the guardian of the original owner of this account or I have power of attorney for the original owner the account.

Please provide a clear copy of photo identification issued to you and one issued to the owner of the account by a state or federal entity, such as a drivers license or passport. Also provide verification of the owner's social security number or tax identification number. If the owner is a minor child provide verification of the child's relationship to you. If you are the guardian of an incapacitated adult please provide a copy of your court order. Provide documentation to prove you have power of attorney on behalf of the original owner in all other cases.

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9. I am claiming this property on behalf of a business entity.

Please provide a clear copy of photo identification issued to you by your employer or a state or federal entity, such as a drivers license or passport. Please provide verification of the tax identification number(s) used by your business as well as a list of all Arizona locations (addresses) that you are claiming on behalf of. Please provide a letter authorizing you to make this claim that is signed by an officer of your corporation or a copy of a corporate resolution authorizing you to claim on behalf of the corporation and, proof of the current officers of your company or proof that you are the sole proprietor. If you are claiming on behalf of subsidiary companies you will need to submit evidence of your companies affiliation with the subsidiary company.

Declarations: I swear under penalty of perjury that statements made on this claim form and any other statements that I made or will make during the claims process are true and correct to the best of my knowledge. Photocopies I have provided or will provide are the same as the original document. I understand that claims processing staff may contact me if they need additional documentation. I agree that if for any reason it is found that I am not entitled to this payment or I receive a duplicate payment, I will return the funds to the Arizona Department of Revenue within 15 days.

Your _____
Signature _____ Date _____

SSN

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Print Name _____

[illegible]

Co-Claimant _____ Date _____
Signature _____

SSN								
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Print Name _____

Telephone number									
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